FCC 388

DTV Consumer Education Quarterly Activity Report

Instructions

Station Call Sign(s)

This form should be used to provide the Federal Communications Commission (FCC) with information pertaining to all station activity to educate consumers on the transition to digital television (DTV). All stations should log DTV Transition-Related Public Service Announcements (PSAs) and other DTV activities using the appropriate house (identification) numbers. These logs or records should include the date and time that each DTV activity occurred. This form must be filed in Docket Number 07-148 as Document Type: REPORT, and placed in the station's Public Inspection File. This form must continue to be filed for each quarter in which a station has DTV Transition education obligations.

- Go to the ECFS upload page:
- Fill out the relevant cover sheet information.
- In the "Send Comment Files to FCC (Attachments)" section click the "Browse" button to choose the file you want to attach. (Or the first file if you have multiple files to attach)
- Click on the "Select one of these file types or convert your file to one of these types:" dropdown to choose the type of file that was attached.
- Click "Send Attached File to FCC"
- If you only had one file to attach click "Finish Transaction and Receive Confirmation".
- If you have another file to attach, click on the "Enter Additional Attachments"

Report reflects information for quarter ending (mm/dd/yy)				03-31-08				
Have you opted to co	mply with C	ption One, Two, or Tl	aree (once el	ected, this choice	e may not	change)?		
Option One (A and D)		n Two (B and D)		□ O _i	Option Three (C and D)			
	on your Anal	fully complied with the og channel and your pri	•	-	?			
			e only one for	ny for both If N	O. comple	ete a form for your A	nalog	
If YES, complete only one form for both. If NO, complete a form for your Analog channel and a second for your primary Digital stream								
Call Sign	Channel Num	bers		Community of License				
				City	State	County	Zip Code	
KVMD	Analog Digital		Twentynine Palms		Ca.	San Bernardino	92277	
Licensee KVMD Li	censee Co., L.	L.C.						
Above, circle the Channel N	lumber(s) to wh	ich this form applies.		Nielsen DMA	World	World Wide Web Home Page Address		
				Los Angeles	www.	kvmdtv.com		
Facility ID Number Previous Cull Sign (if applicable)				License Renewal Expiration Date (num/dd/yy)				
16729			12-01-14					

KVMD

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Section B (For broadcasters electing Option Two)

On its analog channel, and its primary digital stream, a station must run an average of 16 transition-related PSAs and 16 transitionrelated crawls, snipes, and/or tickers per week in each quarter, all between the hours of 5 a.m. and 1 a.m.. It must also run one 30 minute DTV-related informational program once, and one 100-Day Countdown piece per day for the 100 days prior to the conclusion of the transition. Comment boxes MUST be used to describe these compliant activities (See rules for additional details).

Total Number of Eligible DTV Transition-Related PSAs and Crawls, Snipes, and/or Tickers (CSTs) Run -- Last Quarter

How many DTV PSAs and CSTs did your station run between 5:	00 a.m. and 1:00 a.m. last quarter?	_
Total 5:00 a.m. to 1:00 a.m. P\$As	191	
Total 5:00 a.m. to 1:00 a.m. CSTs	0	
For informational purposes only, how many DTV PSAs and Ca.m.?	STs did your station run in the las	t quarter from 6:00 a.m. to 9:00
Total 6:00 a.m. to 9:00 a.m. PSAs	16]
Total 6;00 a.m. to 9:00 a.m. CSTs	0]
For stations located in the Eastern or Pacific Time Zone, how ma from 6:00 p.m. to 11:35 p.m. (must average at least 4 per week)?		Itation run in the last quarter
Total 6:00 p.m. to 11:35 p.m. PSAs	44	
Total 6:00 p.m. to 11:35 p.m. CSTs	0	
For stations located in the Central or Mountain Time Zone, how from 5:00 p.m. to 10:35 p.m. (must average at least 4 per week)?	many DTV PSAs and CSTs did you	ur station run in the last quarter
Total 5:00 p.m. to 10:35 p.m. PSAs	N/A	
Total 5:00 p.m. to 10:35 p.m. CSTs	N/A	
Comments (add additional sheets where necessary):		
,,,,		

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30 Minute Educational Programs - Last Quarter

How many 30 minute, DTV-related is be run between the hours of 8:00 a.m.	nformational programs and 11:35 p.m., prior	s did your station run duri to February 17, 2009.	ng the quarter? At least o	ne such program must	
Total number of 30 Minute Informati	onal Programs	0			
Comments (add additional sheets who	ere necessary):				
100-Day Countdown Eligible Piece	s – Last Quarter				
Beginning on November 10, 2008, a activities. Stations must execute a m February 17, 2009. During the last questions are stated to the stated of the stated	iinimum of one "Coun	adown to DTV" on-air ac	tivity per day during the	100 days leading up to	
	Graphic Displays				
	- Animated Graphics				
	- Graphic and Audio I	Dis pl ays			
	- Longer Form Remin	aders			
	-				
Comments (add additional sheets who	ere necessary):				

07/03/5008 53:01 8007/50/70

Section D (For all broadcasters)

Additional DTV On-air Initiatives - Last Quarter Did your station run additional on-air initiatives (such as news reports, town hall meetings, etc.) during the quarter? The comment box may be used to describe these initiatives. Yes ⊠ No Comments (add additional sheets where necessary): Station Website Additional Activity Related to the DTV Transition - Last Quarter Does your station have a Website? ✓ Yes If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website. Comments (add additional sheets where necessary): ☐ Yes ☑ No Additional DTV Outreach Efforts -- Last Quarter Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity. Comments (add additional sheets where necessary): Speaking Engagements Community Events Comments (add additional sheets where necessary): Other (describe) Comments (add additional sheets where necessary):

This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.

Comments (add additional sheets where necessary);

STATION CERTIFICATION

I certify that the statements in this document are true, complete, and correct to the best of my knowledge and be in and are made in good faith.

Typed or Frinted Name of Person Signing	Typed or Printed Title of Person Signing	
RONALD ULLOA	PRESIDENT	
Signature	Date	
- Soul	4/0/20	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. ODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE STATE 47, SECTION 317(-)(1)), ANDIOD FORESTURE (VIS. CODE, TITLE 17, SECITOR 593).

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take 3 hours. Our estimate include: the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review to form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it at the you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washing . 1, D. C. 20554, We will also accept your comments via the Internet if you send them to practice, eav. Remember - you are not re; ired to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor - is collection, unless It displaye a nurrently valid OMR annual number or if we fell to penulde you with this notice. This collection its been essigned an OMB control number of 3060-1115.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.1. 31-13, OCTOBER 1, 1995,44 U.S.C. 3507.

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